LOCAL LEAVE

DISTRIBUTIONS: Original to Officer

Designation:

Copies to: Permanent Secretary

Provincial Permanent Secretary/ Head of

Department

ZAMBIA TEACHING SERVICE (LOCAL CONDITIONS)

APPLICATION FOR LEAVE (OTHER THAN SICK LEAVE) FOR A

(Officer in Division 1, II, III)

PERIOD OF LESS THAN THIRTY DAYS

To be completed and forwarded in TRIPLICATE to the Permanent Secretary or Head of Department as early as possible before the proposed date of departure.

PART I (To be completed by applicant) Name:..... Ministry File Number..... Appointment: Station: Station: Ministry: Date of Commencement of present period of qualifying Service:..... 20.....(a) Service in months since (a) above at date of...... Proposed Leave: Division in which Serving...... Rate of leave:..... days a month leave granted since (a) above: days. Leave applied for:..... the first of which is to be:.....20...... Address during leave: Date:.... Signature of applicant **PART II** (To be completed by Permanent Secretary or Head of Department) Leave approved: Days SIGNATURE: Date: